

OFFICE OF THE CHILD ADVOCATE
VOLUNTEER ATTORNEY GUARDIAN *AD LITEM* APPLICATION

Date:_____ **DE Bar ID#:**_____

Name: _____

Print

Signature: _____
Signature

Firm: _____

Address: _____

Phone #: _____ **Fax #:** _____ **e-mail address:** _____

[illegible]

**When representing children, I would be interested in working with the following age groups:
(circle all that apply)**

Infant (birth-2) Toddler (2-4) School age (5-10)

Young Adolescent (10-13) Teenager (14-19)

 I have no preference

County to Represent (please check all that apply)

☐ New Castle ☐ Kent ☐ Sussex ☐ No Preference

Language(s) other than English: _____

(circle all that apply)

Speak

Read

Write

For Statistical Purposes please indicate what your hourly billing rate would be: \$_____

PLEASE COMPLETE AND RETURN TO:

Wendy Gerlach
Office of the Child Advocate
900 King Street, Suite 210
Wilmington, DE 19801-3341